

Gynecologic Pathology Grossing Guidelines

Specimen Type: SALPINGECTOMY (non-neoplastic resection)

Gross Template:

Labeled with the patient's name (***) , medical record number (***) , designated "****" , and received [*fresh/in formalin*] is a [*disrupted/intact*] salpingectomy measuring *** cm in length x *** cm in diameter. Fimbriae are [*present/absent*]. The external surface of the fallopian tube is remarkable for [*color, texture, adhesions, paratubal cysts*]. The specimen is sectioned to reveal [*describe luminal contents*]. Representative sections are submitted [*describe cassette submission*].

Cassette Submission: 1-2 cassettes

- Grossly unremarkable – submit one representative cross section from proximal, mid, and distal portion and longitudinally bisected fimbriated end
- Adhesions present – submit one section to include adhesions
- Sample cystic areas (if present)
- For **suspected or confirmed high-grade serous carcinoma, BRCA +, or history of breast cancer**, in which no lesion is grossly identified, submit entire fallopian tube and ovary using SEE-FIM protocol, see sectioning diagram below:

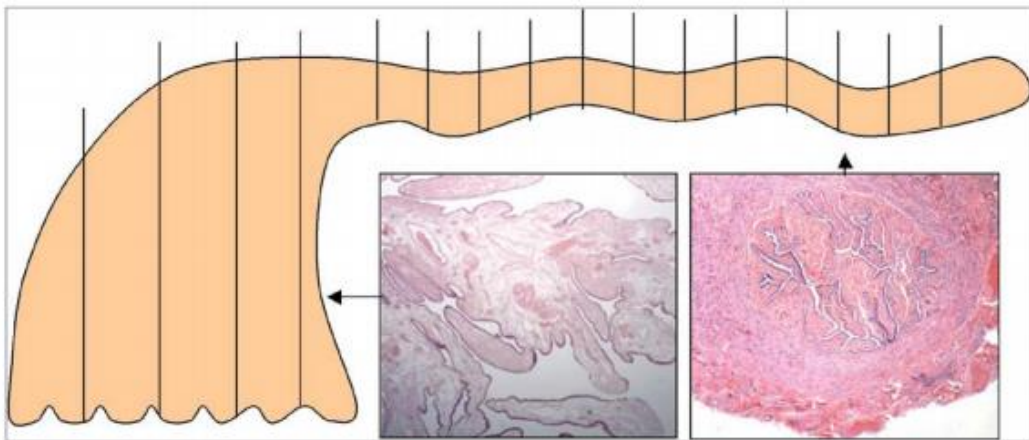


Figure 1. Protocol for Sectioning and Extensively Examining the Fimbriated End (SEE-FIM) of the Fallopian Tube.

This protocol entails amputation and longitudinal sectioning of the infundibulum and fimbrial segment (distal 2 cm) to allow maximal exposure of the tubal plicae. The isthmus and ampulla are cut transversely at 2- to 3-mm intervals. From Crum et al.¹⁰ Copyright © 2007 Lippincott Williams & Wilkins. Reproduced with permission.